Counterplan text: Adolescents ought to have the right to make autonomous medical decisions except all persons ought to be required to receive vaccinations as they are deemed necessary. Here’s the solvency advocate **Trevena and Leask 9[[1]](#footnote--1)**

The role of legislation and regulation in promoting justice over autonomy **At some point, society needs to overrule autonomy for the sake of justice and impose regulation or even legislation. In the case of immunization, these measures might include compulsory vaccination, incentives provided to doctors or parents for children to be vaccinated, or exclusion of the unvaccinated during an outbreak of a vaccine preventable disease**.

A lack of vaccinations leads to a substantially higher risk of infection. **Skov 7[[2]](#footnote-0)**

For example, during 1989 through 1991 **there was a measles outbreak that** disproportionately **affected urban** **areas** **and** recent **immigrants** in Southern California **who lacked** sufficient **immunizations**. After the vaccine became available in 1963, the number of measles cases per year declined from 400,000 (in 1962) to just over 1,000 per year in the 1980s. **Although the nationwide** measles **vaccination rates were adequate, the** level of **immunization among two-year-old children in some** Hispanic and Black **communities was as low as 50 percent**. "A devastating measles epidemic resulted, afflicting primarily unvaccinated minority children in urban areas, many in Los Angeles County. In total, over 50,000 children nationwide contracted measles and 11,000 hospital days were required for treatment. One hundred and thirty-two children died and over $ 100 million in health care costs were incurred." n128 **Exemptions from immunization based on religious grounds have also lead to** measles **outbreaks in** an **Illinois** Christian Science school in 1985, **and among Amish communities** in 1987 and 1988.

And the diseases have the ability to spill over to the vaccinated population, because they cause a decline in herd immunity, also the counter plan is shown to solve by reducing disease and forcing the growing number who don’t get vaccines to get them. **Skov 7[[3]](#footnote-1)**

**There is a well-known public health concept called "herd immunity"** **which promotes the idea that for a population to be protected from disease, all the members of that group must undergo preventative treatment**. **Thus, allowing individuals to exercise autonomy [in the form of** conscientious/religious **objections] is in conflict with the principle of herd immunity. The aggressive approach to** childhood **disease inoculations through state law mandates has had a** very measurable and **dramatic impact on reducing the rates of preventable illnesses**...**but** with the disappearance of certain diseases, **there is a growing complacency about the need for vaccinations**, even though the viruses and bacteria causing these diseases are still present. This sense of complacency has combined with growing fears fueled in the press, and via the Internet, that preventative treatment in the form of vaccine may pose serious dangers.

And disease outbreak results in extinction Disease spread causes extinction Quammen 12**[[4]](#footnote-2)**

Infectious **disease is all around us**. It's one of the basic processes that ecologists study, along with predation and competition. Predators are big beasts that eat their prey from outside. Pathogens (disease-causing agents, such as viruses) are small beasts that eat their prey from within. Although infectious disease can seem grisly and dreadful, **under ordinary conditions**, it's every bit as natural as what lions do to wildebeests and zebras. But **conditions aren't always ordinary**. Just as predators have their accustomed prey, so do pathogens. And just as a lion might occasionally depart from its normal behaviour - to kill a cow instead of a wildebeest, or a human instead of a zebra - so a pathogen can shift to a new target. Aberrations occur. When a pathogen leaps from an animal into a person, and succeeds in establishing itself as an infectious presence, sometimes causing illness or death, the result is a zoonosis. It's a mildly technical term, zoonosis, unfamiliar to most people, but it helps clarify the biological complexities behind the ominous headlines about swine flu, bird flu, Sars, emerging diseases in general, and the threat of a global pandemic. It's a word of the future, destined for heavy use in the 21st century. Ebola and Marburg are zoonoses. So is bubonic plague. So was the so-called Spanish influenza of 1918-1919, which had its source in a wild aquatic bird and emerged to kill as many as 50 million people. All of the human influenzas are zoonoses. As are monkeypox, bovine tuberculosis, Lyme disease, West Nile fever, rabies and a strange new affliction called Nipah encephalitis, which has killed pigs and pig farmers in Malaysia. Each of these zoonoses reflects the action of **a pathogen** that **can "spillover**", crossing into people from other animals. Aids is a disease of zoonotic origin caused by a virus that, having reached humans through a few accidental events in western and central Africa, now passes human-to-human. This form of interspecies leap is not rare; about 60% of all human infectious diseases currently known either cross routinely or have recently crossed between other animals and us. Some of those - notably rabies - are familiar, widespread and still horrendously lethal, killing humans by the thousands despite centuries of efforts at coping with their effects. Others are new and inexplicably sporadic, claiming a few victims or a few hundred, and then disappearing for years. Zoonotic pathogens can hide. The least conspicuous strategy is to lurk within what's called a reservoir host: a living organism that carries the pathogen while suffering little or no illness. When a disease seems to disappear between outbreaks, it's often still lingering nearby, within some reservoir host. A rodent? A bird? A butterfly? A bat? To reside undetected is probably easiest wherever biological diversity is high and the ecosystem is relatively undisturbed. The converse is also true: ecological disturbance causes diseases to emerge. Shake a tree and things fall out. Michelle Barnes is an energetic, late 40s-ish woman, an avid rock climber and cyclist. Her auburn hair, she told me cheerily, came from a bottle. It approximates the original colour, but the original is gone. In 2008, her hair started falling out; the rest went grey "pretty much overnight". This was among the lesser effects of a mystery illness that had nearly killed her during January that year, just after she'd returned from Uganda. Her story paralleled the one Jaap Taal had told me about Astrid, with several key differences - the main one being that Michelle Barnes was still alive. Michelle and her husband, Rick Taylor, had wanted to see mountain gorillas, too. Their guide had taken them through Maramagambo Forest and into Python Cave. They, too, had to clamber across those slippery boulders. As a rock climber, Barnes said, she tends to be very conscious of where she places her hands. No, she didn't touch any guano. No, she was not bumped by a bat. By late afternoon they were back, watching the sunset. It was Christmas evening 2007. They arrived home on New Year's Day. On 4 January, Barnes woke up feeling as if someone had driven a needle into her skull. She was achy all over, feverish. "And then, as the day went on, I started developing a rash across my stomach." The rash spread. "Over the next 48 hours, I just went down really fast." By the time Barnes turned up at a hospital in suburban Denver, she was dehydrated; her white blood count was imperceptible; her kidneys and liver had begun shutting down. An infectious disease specialist, Dr Norman K Fujita, arranged for her to be tested for a range of infections that might be contracted in Africa. All came back negative, including the test for Marburg. Gradually her body regained strength and her organs began to recover. After 12 days, she left hospital, still weak and anaemic, still undiagnosed. In March she saw Fujita on a follow-up visit and he had her serum tested again for Marburg. Again, negative. Three more months passed, and Barnes, now grey-haired, lacking her old energy, suffering abdominal pain, unable to focus, got an email from a journalist she and Taylor had met on the Uganda trip, who had just seen a news article. In the Netherlands, a woman had died of Marburg after a Ugandan holiday during which she had visited a cave full of bats. Barnes spent the next 24 hours Googling every article on the case she could find. Early the following Monday morning, she was back at Dr Fujita's door. He agreed to test her a third time for Marburg. This time a lab technician crosschecked the third sample, and then the first sample. The new results went to Fujita, who called Barnes: "You're now an honorary infectious disease doctor. You've self-diagnosed, and the Marburg test came back positive." The Marburg virus had reappeared in Uganda in 2007. It was a small outbreak, affecting four miners, one of whom died, working at a site called Kitaka Cave. But Joosten's death, and Barnes's diagnosis, implied a change in the potential scope of the situation. That local Ugandans were dying of Marburg was a severe concern - sufficient to bring a response team of scientists in haste. But if tourists, too, were involved, tripping in and out of some python-infested Marburg repository, unprotected, and then boarding their return flights to other continents, the place was not just a peril for Ugandan miners and their families. It was also an international threat. The first team of scientists had collected about 800 bats from Kitaka Cave for dissecting and sampling, and marked and released more than 1,000, using beaded collars coded with a number. That team, including scientist Brian Amman, had found live Marburg virus in five bats. Entering Python Cave after Joosten's death, another team of scientists, again including Amman, came across one of the beaded collars they had placed on captured bats three months earlier and 30 miles away. "It confirmed my suspicions that these bats are moving," Amman said - and moving not only through the forest but from one roosting site to another. Travel of individual bats between far-flung roosts implied circumstances whereby Marburg virus might ultimately be transmitted all across Africa, from one bat encampment to another. It voided the comforting assumption that this virus is strictly localised. And it highlighted the complementary question: why don't outbreaks of Marburg virus disease happen more often? Marburg is only one instance to which that question applies. Why not more Ebola? Why not more Sars? In the case of **Sars**, the scenario **could have been** very **much worse**. Apart from the 2003 outbreak and the aftershock cases in early 2004, it hasn't recurred. . . so far. Eight thousand cases are relatively few for such an explosive infection; 774 people died, not 7 million. Several factors contributed to limiting the scope and impact of the outbreak, of which humanity's good luck was only one. Another was the speed and excellence of the laboratory diagnostics - finding the virus and identifying it. Still another was the brisk efficiency with which cases were isolated, contacts were traced and quarantine measures were instituted, first in southern China, then in Hong Kong, Singapore, Hanoi and Toronto. If the virus had arrived in a different sort of big city - more loosely governed, full of poor people, lacking first-rate medical institutions - it might have burned through a much larger segment of humanity. One further factor, possibly the most crucial, was inherent in the way Sars affects the human body: symptoms tend to appear in a person before, rather than after, that person becomes highly infectious. That allowed many Sars cases to be recognised, hospitalised and placed in isolation before they hit their peak of infectivity. With influenza and many other diseases, the order is reversed. That probably helped account for the scale of worldwide misery and death during the 1918-1919 influenza. And that infamous global pandemic occurred in the era before globalisation. Everything nowadays moves around the planet faster, including viruses. When the Next Big One comes, it will likely conform to the same perverse pattern as the 1918 influenza: **high infectivity preceding** notable **symptoms**. That will help it **move through** cities and **airports** like an angel of death. The Next Big One is a subject that disease scientists around the world often address. The most recent big one is Aids, of which the eventual total bigness cannot even be predicted - about 30 million deaths, 34 million living people infected, and with no end in sight. Fortunately, not every virus goes airborne from one host to another. If HIV-1 could, you and I might already be dead. If the rabies virus could, it would be the most horrific pathogen on the planet. The **influenzas are well adapted for airborne transmission**, which is why a new strain can circle the world within days. The Sars virus travels this route, too, or anyway by the respiratory droplets of sneezes and coughs - hanging in the air of a hotel corridor, moving through the cabin of an aeroplane - and that capacity, combined with its case fatality rate of almost 10%, is what made it so scary in 2003 to the people who understood it best. Human-to-**human transmission is the crux. That** capacity is what **separates a** bizarre, awful, **localised**, intermittent and mysterious **disease** (such as Ebola) from a global pandemic. Have you noticed the persistent, low-level buzz about avian influenza, the strain known as H5N1, among disease experts over the past 15 years? That's because avian flu worries them deeply, though it hasn't caused many human fatalities. Swine flu comes and goes periodically in the human population (as it came and went during 2009), sometimes causing a bad pandemic and sometimes (as in 2009) not so bad as expected; but avian flu resides in a different category of menacing possibility. It worries the flu scientists because they know that H5N1 influenza is extremely virulent in people, with a high lethality. As yet, there have been a relatively low number of cases, and it is poorly transmissible, so far, from human to human. It'll kill you if you catch it, very likely, but you're unlikely to catch it except by butchering an infected chicken. But if H5N1 mutates or reassembles itself in just the right way, if it adapts for human-to-human transmission, it could become the biggest and fastest killer disease since 1918. It got to Egypt in 2006 and has been especially problematic for that country. As of August 2011, there were 151 confirmed cases, of which 52 were fatal. That represents more than a quarter of all the world's known human cases of bird flu since H5N1 emerged in 1997. But here's a critical fact: those unfortunate Egyptian patients all seem to have acquired the virus directly from birds. This indicates that the virus hasn't yet found an efficient way to pass from one person to another. Two aspects of the situation are dangerous, according to biologist Robert Webster. The first is that Egypt, given its recent political upheavals, may be unable to staunch an outbreak of transmissible avian flu, if one occurs. His second concern is shared by influenza researchers and public health officials around the globe: with all that mutating, with all that contact between people and their infected birds, the virus could hit upon a genetic configuration making it highly transmissible among people. "As long as H5N1 is out there in the world," Webster told me, "there is the possibility of disaster. . . There is the theoretical possibility that it can acquire the ability to transmit human-to-human." He paused. "And then God help us." We're unique in the history of mammals. **No other primate has** ever **weighed** up**on the planet** to anything **like** the degree **we do**. In ecological terms, we are almost paradoxical: large-bodied and long-lived but grotesquely abundant. **We are an outbreak. And** here's the thing about **outbreaks**: they **end**. In some cases they end after many years, in others they end rather soon. In some cases they end gradually, in others they end with a crash. In certain cases, they end and recur and end again. Populations of tent caterpillars, for example, seem to rise steeply and fall sharply on a cycle of anywhere from five to 11 years. The crash endings are dramatic, and for a long while they seemed mysterious. What could account for such sudden and recurrent collapses? One possible factor is infectious disease, and viruses in particular.

**AT PICS Bad**

A. Counter interp: On the 2015 September-October topic debaters may read a counterplan that says “Adolescents ought to have the right to make autonomous medical decisions except all persons ought to be required to receive vaccinations as they are deemed necessary”. If it is disclosed on the wiki and if the AFF defends a plan and if the AFF doesn’t defend Util.

B. I meet.

C. Reasons to prefer, **Ground**

a. PICs check back unpredictable AFFs. I need PICs because the AFF chooses the area debate and thus will always have more specific research.

b. Compulsory immunization was a topic a few years ago, there is substantial literature and briefs already in existence that can be used to answer this back.

**Education**.

1. My interp is best for real world education, because in congress politicians search for exceptions to potential policy options all the time.
2. PICs increase depth of education because we can focus on one specific issue instead of touching briefly on different issues. Depth is better than breadth, it’s better to read a 100 pages of one book then 1 page of 100 books.
3. PICs force debaters to do better research and think on their feet **Kuang 13[[5]](#footnote-3)**

**These arguments** then **usually boil down to “this PIC is hard** for me **to answer, so they should lose.”** Poor baby. Did they make debate difficult for you? **Your opponent should have read** the most predictable, inane, **simplest arguments** in the literature—**yet they didn’t. They tried to win**- and worse, tried to win **in a smart, strategic way. Shame on them. God forbid you be forced to think on your feet and defend** the necessity of **your aff—or even worse,** do research before the round and **anticipate their strategy.** Here’s a novel idea- **what if hard debate is good debate? What if** **there’s more to this** activity than stopping after **the** first page of Google scholar and whining **when someone does more research** than that? **What if we encouraged strategies that forced debaters to rummage** the literature **for answers?** What if that research taught us more about the topic? **What if debate made debaters learn?**

Reaserch outweighs because most of the education is done in readings outside the round.

*Education is a voter because it is the portable purpose of debate.*

Their interp four key framing issues,

1. Don’t let the 2A weigh or generate new offence anywhere
   1. They could’ve done weighing in the shell in the 1AR, if you let them do it in the 2AR too they get a 2:1 speech skew to weigh and generate offence.
   2. I don’t get a 3NR so I can’t answer the weighing they make which means it might win even if its false, also this leads to intervention because you have to resolve their new weighing. Intervention outweighs because it takes the debate completely out of my hands.
2. Education outweighs fairness
   1. Education is the only thing we take out of the round we can’t take our record.
   2. Education controls the internal link to fairness because we can become better educated about what’s fair.
   3. Education is the reason for doing debate if it was Fairness I would be playing hockey instead, because it’s just as fair and more fun.
3. Evaluate theory with a paradigm of reasonability based on the standard of “turn ground”
   1. Theory is enforces a rule ex-post facto, which means that there needs to be some leeway on rules.
   2. Competing interpretations causes a race to the bottom where rules like must have thirteen-point font become justified because they are only slightly better.

5. Drop the arg specifically for PICS

1. Time skew, this counterplan is likely longer then the shell, so that’s a positive time tradeoff, for them which means dropping the argument is decidedly not abusive
2. They have to make some answers if it’s drop the argument, which means we get some education on specific parts of the plan, which is rare and important.
3. I have a TOC champion that thinks your interp is dumb, which outweighs you’re warrants because she’s been around debate and had more success then the both of us. Plus she is impartial to the outcome of the round whereas you’re arguments are biased.
4. PICs are enormously common in policy and nobody goes for PICs bad which should make you skeptical that they’re actually abusive.

My arguments all outweigh because they’re specific to PICs not about debate in general. And, If I win drop the arg I can keep the net benefit which is still a Disad to the AC.

**AT Moots the AC (Timeskew/Ground)**

1. No internal link to fairness. The purpose of counter-plans is to solve aff offense. I’m not being unfair; I’m just doing my job. If I had to grant them links to all of their contrived offense, I wouldn’t be able to contest the AC.
2. Non-unique. If I read a kritik or an NC with a different ethical theory, they would still have to generate new 1AR offense
3. You could’ve read a plan that isn’t mutually exclusive with this, like saying adolescents ought to be able to consent to receiving contraceptives.
4. They had infinite pre round prep so their plan should be perfect it’s not my fault that it wasn’t.
5. No link to fairness, you can solve this by getting faster or being more efficient in you’re frontlines.
6. Not true you can still weigh the AFF just you have to do specific parts of the AFF
7. You still have you’re AC, you’re ground is actually better now because you can collapse to one speific issue.
8. You can still generate offence with impact turns.

**AT Unpredictable**

1. No abuse you might just be bad at predicting stuff
2. No abuse this was a topic years ago even if you didn’t predict it you should still have prep somewhere
3. The net benefit is diseases, which in the context of the medical field is fairly predictable.
4. It’s on the wiki you didn’t have to predict it.
5. This is Greenhill nothing is predictable yet.

**AT Not educational (Satisficing)**

1. My education standard turns this.
2. Finding the best solution outweighs because we grow up to be policy makers and can actually create the best possible world instead of a good enough one.
3. We can use this method in every context except debate which gives sufficient education.

**Phil Ground**

1. That’s false I would have to contest the framework if my net benefit didn’t link to it
2. No impact to phil ground, I didn’t do LD for the phil-ed, and other forms of debate that don’t debate philosophy are still educational.
3. Turn, you can leverage other frameworks to exclude the PICs offence, which encourages phi led and solves back for ground.

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2. [Rebecca Erin; Attorney; ARTICLE: Examining Mandatory HPV Vaccination for All School-Aged Children; Food and Drug Law Journal; 2007; 62 Food Drug L.J. 805] [↑](#footnote-ref-0)
3. [Rebecca Erin; Attorney; ARTICLE: Examining Mandatory HPV Vaccination for All School-Aged Children; Food and Drug Law Journal; 2007; 62 Food Drug L.J. 805] Exemptions from mandatory public health measures can be problematic. Professor John Blum examines these issues in his article "Balancing Individual Rights v. Collective Good in Public Health Enforcement": [↑](#footnote-ref-1)
4. David Quammen 12, award-winning science writer, long-time columnist for Outside magazine for fifteen years, with work in National Geographic, Harper's, Rolling Stone, the New York Times Book Review and other periodicals, 9/29, “Could the next big animal-to-human disease wipe us out?,” The Guardian, pg. 29, Lexis [↑](#footnote-ref-2)
5. Kuang, Rebecca. "The Desolation of Theory." Http://victorybriefs.com/. Victory Briefs, 25 Dec. 2013. Web. 15 Mar. 2015. <http://victorybriefs.com/vbd/2013/12/the-desolation-of-theory>. [↑](#footnote-ref-3)